

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 30.3
TITLE: SPEECH SERVICES

AUTHORITY: 38 CFR 17.270(a) and 17.272 (a)(5)

RELATED AUTHORITY: 32 CFR 199.4(g)(45) and 32 CFR 199.5(c)

I. EFFECTIVE DATE

April 19, 1983

II. PROCEDURE CODE(S)

A. CPT codes: 92506-92508

B. ICD-9-CM codes: 300.11, 318, 758.0, and 787.2

III. DEFINITIONS

A. For the purposes of this policy the “at-risk infant or toddler” is a child under the age of 3 and who would be at risk of experiencing a substantial developmental delay, as measured by appropriate diagnostic instruments and procedures in one or more of the areas of cognitive and communication development.

B. The Individuals with Disabilities Education Act (IDEA), affords caregivers a unique opportunity to support children whose special needs might affect their educational success. The purpose of the law is to provide free appropriate public education regardless of disability or chronic illness to all eligible children, ages birth through 21 years, in a natural and/or least restrictive environment.

IV. DESCRIPTION

Medical services that provide evaluation, treatment, habilitation and rehabilitation of speech, language, and voice dysfunctions resulting from congenital anomalies, disease, injury, hearing loss, communication or pervasive developmental disorders to include mental retardation.

V. POLICY

A. Speech services, including those for dysfunctions resulting from a therapeutic process, such as vocal cord surgery may be cost shared.

B. Services, which have been demonstrated to be usually capable of reducing or arresting the severity of impaired speech, which is attributable to a physical impairment, may be cost shared when medically necessary and appropriate.

C. Speech services must be provided or prescribed by and under the general supervision of a physician.

VI. POLICY CONSIDERATIONS

A. Physical impairments which qualify as a basis for allowable speech pathology services include, but are not limited to:

1. Brain injury or insult (such as traumatic brain injury, stroke/cerebrovascular accident),
2. Congenital anomalies (such as cleft lip and cleft palate),
3. Neuromuscular disorders (such as cerebral palsy), and
4. Sensory disorders.
 - a. Hearing loss greater than 25 decibels of either the pure tone average of intensities at 1,000, 2,000, and 3,000 hertz or the pure average of intensities at all levels (1,000, 2,000, 3,000, and 4,000 hertz) qualifies as a sensory disorder.
 - b. Developmental hearing delay attributed to medically documented chronic middle ear effusion or recurrent acute otitis media during the formative years of speech (through age 4 years) which contributed materially to a delay in either speech or language qualifies as a sensory disorder.
5. Dysfunction resulting from a therapeutic process (such as vocal cord surgery, laryngectomy or radiation therapy).
6. Vocal cord nodules, either in lieu of surgery, or as preoperative treatment.

B. Utilization review elements will be used to provide timely oversight of speech pathology for continued medical services.

C. Outpatient speech therapy will be paid for covered medical conditions through the 30th session. Medical review is required for claims for treatment exceeding 30 sessions per calendar year limit.

D. Continued CHAMPVA benefits must be based upon demonstrated reduction or arrest of the severity of the speech dysfunction.

E. CHAMPVA may require, with the concurrence of the beneficiary (parent or guardian) who will be responsible for additional cost share, an independent assessment of the severity of the dysfunction being treated when such an assessment is necessary to determine the medical necessity of continued speech therapy. If the beneficiary does not agree to an independent assessment, CHAMPVA may deny further services based upon the available information.

VII. EXCEPTIONS

A. For beneficiaries who are determined to be an “at-risk infant or toddler” under the age of 3, the sponsor of the beneficiary must contact their state’s early childhood program which is affiliated with their local school system. These services may not be cost shared except when the intensity or timeliness of speech services, as proposed by the educational agency, is not appropriate medical care. If the state’s early childhood program does not have funding for this program, documentation of denial of such services from the local school system must be submitted with the claim.

B. For beneficiaries ages 3 to 21 who are receiving special education services from a public educational agency under the Individuals with Disabilities Education Act of 1997 (IDEA) and which are indicated in the beneficiary’s Individual Education Plan, services may not be cost shared except when the intensity or timeliness of speech services, as proposed by the educational agency, are not appropriate medical care. For wait-listed or interrupted services, the beneficiary’s public school (local education agency) must certify in writing:

1. That all intake for speech therapy service is drawn from a single waiting list,
2. Specifies in writing the anticipated length of the waiting period for the individual beneficiary in need of service, and
3. That services are not provided during summer vacation and/or school breaks.

VI. EXCLUSIONS

A. Myofunctional or tongue thrust therapy will not be covered.

B. Speech therapy when the primary diagnosis is for a non-organic condition such as a mental health diagnosis.

END OF POLICY